

Patient's satisfaction with primary health care services in Arar city, Saudi Arabia

To Cite:
 Alenazi AAR, Alhazmi TMA, Almatrafi ARH, Alshammari MBA.
 Patient's satisfaction with primary health care services in Arar city, Saudi Arabia. *Medical Science*, 2021, 25(113), 1558-1566

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Peer-Review History
 Received: 18 May 2021
 Reviewed & Revised: 20/May/2021 to 19/June/2021
 Accepted: 20 June 2021
 Published: July 2021

Peer-review Method
 External peer-review was done through double-blind method.

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ABSTRACT

Background: Patient satisfaction is considered as a legitimate and an important measure to the quality of health care provided. Moreover, it has been shown to be associated with better outcomes. **Objectives:** to study the patient's satisfaction with the different aspects of primary health care services offered by the Arar city PHC centers. **Methods:** This is a cross sectional study that was conducted in primary health care centers at Arar city, Northern Border province, KSA, between the 1st May 2019 and the 1st August 2019. The target population was patients attending in 3 Primary Health Centers. **Results:** In our study; 3% strongly agreed and 24.7% agreed to be dissatisfied. 19.3% strongly agree and 46.7% agree that they received perfect care in the PHC clinics, 26.0% strongly agree and 54.0% agree that healthcare workers are careful. Also 36% strongly agreed and 51% agreed that complete and comprehensive explanations of medical information are delivered to the patients. As regards the reasons of dissatisfaction, 3.3% strongly agreed and 17.7% agreed for waiting too long, in addition, 0.3% agree and 5.3% strongly agree that healthcare workers ignore the patients. Hard appointment was reported by 23.3% of the participants. **Conclusion:** In our study; most of the attendees of the PHCs satisfied from the provided services and complete and comprehensive explanation of medical information are delivered to patients. Waiting too long and hard appointment were the main reasons for dissatisfaction.

Keywords: Patient's satisfaction, primary health care, services, Arar, Saudi Arabia

1. INTRODUCTION

Primary health care (PHC) is the first contact between the client and the health system. It provides the basic health care services to the community. It is also a fundamental and critical component of the health care system. The frontline PHC services are vital for achieving optimal health level for the patients. PHC services should be able to be reached and able to be used by the entire population, irrespective of their economic or social class and geographical location (Al-Omar, 1999). In the Kingdom of Saudi Arabia (KSA), the MOH delivers all health services. The cases that need more advanced care are

referred to public hospitals (the second level of care), while cases that require more complex levels of care are shifted to central or specialized hospitals (the tertiary level of health care) (MOH of Saudi Arabia, 2011).

Patient's satisfaction is considered a fundamental component when measuring health consequences and quality of the offered services to assess the excellence of health care and can estimate both compliance and utilization (Al-Abri & Al-Balushi, 2014). Satisfaction is an issue affecting the outcomes of health care and use of services. In order to upgrade the offered services, lack of satisfaction must be recognized and eradicated (Prakash, 2010). Estimation of patient's satisfaction can be utilized for three fundamental purposes, first: as an estimation of quality of care, second: as an outcome changeable in its own right and third: as an indicator of weaknesses in service that is in a process of change (Al-Doghaither & Saeed, 2000).

In Saudi Arabia, a study conducted in Riyadh, to evaluate satisfaction of patients about PHC services discovered that the level of satisfaction was relatively low and results identified areas inwhich quality improvement is required, mainly in the accessibility and continuity of care (Al-Sakkak et al., 2008). Other studies conducted in Hail (Alshammari, 2014), Riyadh (Almoajel et al., 2014), Majmaah (Mohamed et al., 2015), and Dhahran (Al-Mousa & Sabra, 2014) showed that the patient's satisfaction was good. Although patient's satisfaction is a fundamental component of the health services quality, only one survey by MOH on two centers in Arar city was conducted. The survey revealed a level of patient satisfaction of 66%, which ranked 19th compared to other cities (Al-Ali et al., 2020). More studies are needed to assess patient' satisfaction and factors related to it in Northern Borders region.

Aim of the study

The study aims to study the patient's satisfaction with the different aspects of PHC services offered by the Arar city PHC centers.

Objectives

To measure patient's satisfaction level at PHCs in Arar city using a validated PSQ-18 [17]

To explore factors affecting patient's satisfaction level

2. SUBJECTS AND METHODS

Study design and setting

This is a cross sectional study that was conducted in primary health care centers at Arar city, Northern Border province, KSA, between the 1st May 2019 and the 1st August 2019.

Target population

Patients attending 3 randomly selected PHC Centers.

Inclusion Criteria: Patients who are 16 years of age or older and mentally competent irrespective of their gender or nationality.

Sampling

The sample size was calculated as follow (Charan & Biswas, 2013): $n=Z\alpha^2 \times pq/d^2$ where n= sample size, Z α : standard normal deviate=1.96, p = 0.73 is the expected satisfaction level =0.73 according to study conducted by Almousa et al., (2014) in Dharan, d is the error accepted=0.05. The sample size calculated is 302, which is inflated to 330, to compensate for non response rate and incomplete forms.

Sampling technique

Out of 14 PHCs in Arar city, three were randomly selected, with 110 patients per center. The participants were selected by using the systematic random sampling technique. The average attendance rate of patients is 60 patients/day in each PHC. The researcher interviewed 6 patients/day, so, every 10th patient was included in the study after random choice of the 1st attendant.

Data collection tool

Data was collected through face to face interview method using a structured questionnaire which included the following parts:
1-demographic features of the applicants in the form of age, gender, marital status, education level, occupation and income
2- Patient satisfaction questionnaire (PSQ-18) which is a standardized questionnaire tested for reliability and validity and it is composed of 18 item assessing the following Dimensions : general satisfaction (Items 3 and 17) ; Technical Quality (Items 2, 4, 6, and 14); Interpersonal Manner (Items 10 and 11); Communication (Items 1 and 13); Financial Aspects (Items 5 and 7); Time Spent with

Doctor (Items 12 and 15); Accessibility and Convenience (Items 8, 9, 16, and 18). The response to each item was measured using 5 points likert scale (Thayaparan & Mahdi, 2013).

Statistical analysis

The data was entered and analysed using the Statistical Package for the Social Sciences, version 20 (SPSS Inc., Chicago, IL, USA). The results were displayed as counts and percentages for categorical variables, and means with SD for quantitative data. Chi-square and Student T test was used to explore relationships between variables. P value of ≤ 0.05 was considered significant.

Administrative and ethical considerations

Research approval was obtained from the Research Ethical Committee of Northern Borders General Health Affairs. Administrative approval was obtained from administration of PHCs. Before the interviews, participant's was informed about the study, and verbal informed consent was taken. They were assured that the data collected was kept strictly confidential and that personal identifying information will not be published.

3. RESULTS

Table 1 describes of Socio-demographic features of the participants. The study included 300 contributors from the overall inhabitants of Arar city, 156 (52%) were females and 144 (48%) were males, 32% were in the age between 26-35 years old, 53.3% had monthly income less than 5000, 33.3% more than 5000 but less than 10000 and 13.3% more than 10000. 72.0% were married, 41.7% had secondary education, 34.0% had university as regards the Job, 37.7% were employee, 14.7% students, 13.0% retired and 25.7% house keepers.

Table 1 Sociodemographic characteristics of participants (n=300).

Parameter		Frequency (%)
Age	18 –	125 (41.7%)
	30 –	106 (35.3%)
	≥ 50	69 (23%)
	Mean \pm SD (Min-Max)	37.11 \pm 15.79 (18-80)
Gender	Male	144 (48%)
	Female	156 (52%)
Monthly income (SR)	< 5000	160 (53.3%)
	5000 - 10000	100 (33.3%)
	> 10000	40 (13.3%)
Marital status	Widowed	58 (19.3%)
	Single	216 (72%)
	Married	6 (2%)
	Divorced	20 (6.7%)
Educational level	Illiterate	29 (9.7%)
	Primary	25 (8.3%)
	Intermediate	19 (6.3%)
	Secondary	125 (41.7%)
	University	102 (34%)
Employment	Student	44 (14.7%)
	Employee	113 (37.7%)
	Unemployed	27 (9%)
	Retired	39 (13%)
	House keeper	77 (25.7%)

Table 2 shows the visiting PHC clinics relater characteristics. Reason for visit was new complaints in 59.7% of cases, refill medication in 26.0%. 50.7% visiting PHC 1-3 times per month, 21.7% 4-6 times and 27.7 % visiting PHC more than 6 times per

month. About third (30.3%) had chronic diseases. Table 3 shows the satisfaction from the provided services in PHC related parameters among the studied participants. In our study; 3% strongly agreed and 24.7% agreed to be dissatisfied. 19.3% strongly agree and 46.7% agree that they received perfect care in the PHC clinics, 26.0% strongly agree and 54.0% agree that healthcare workers are careful. Also 36% strongly agreed and 51% agreed that complete and comprehensive explanations of medical information are delivered to the patients. As regards the reasons of dissatisfaction, 3.3% strongly agreed and 17.7% agreed for waiting too long, in addition, 0.3% agree and 5.3% strongly agree that healthcare workers ignore the patients. Hard appointment was reported by 23.3% of the participants.

Table 2 Visiting PHC clinics relater characteristics (n=300).

Parameter		Frequency (%)
Reason for visit PHC	New complaints	179 (59.7%)
	Refill medication	78 (26%)
	Others	43 (14.3%)
Visiting PHC	1-3 times per month	152 (50.7%)
	4-6 times per month	65 (21.7%)
	More than 6 times per month	83 (27.7%)
History of chronic diseases	Yes	91 (30.3%)
	No	209 (69.7%)
Participant is the patient	Yes	267 (89%)
	No	33 (11%)

Table 3 Satisfaction from the provided services in PHC related parameters among the studied participants (n=300).

Satisfaction parameter	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Doctors are good explaining the reason for medical tests	104 (34.7%)	174 (58%)	18 (6%)	4 (1.3%)	0 (0%)
I think my doctor's office has everything needed to provide complete medical care	74 (24.7%)	144 (48%)	48 (16%)	33 (11%)	1 (0.3%)
The medical care I have been receiving is just about perfect care	58 (19.3%)	140 (46.7%)	85 (28.3%)	11 (3.7%)	6 (2%)
Sometimes doctors make me wonder if their diagnosis is correct	9 (3%)	40 (13.3%)	62 (20.7%)	106 (35.3%)	83 (27.7%)
I feel confident that I can get the medical care I need without being set back financially	221 (73.7%)	54 (18%)	11 (3.7%)	11 (3.7%)	3 (1%)
I have to pay for more of my medical care than I can afford	78 (26%)	162 (54%)	49 (16.3%)	9 (3%)	2 (0.7%)
I have easy access to the medical specialities I need	3 (1%)	15 (5%)	11 (3.7%)	60 (20%)	211 (70.3%)
Where I get medical care, people have to wait too long for emergency treatment	51 (17%)	161 (53.7%)	42 (14%)	41 (13.7%)	5 (1.7%)

Doctors act too business-like, and impersonal towards me	10 (3.3%)	53 (17.7%)	75 (25%)	136 (45.3%)	26 (8.7%)
Healthcare workers treat me in very friendly and courteous manner	2 (0.7%)	21 (7%)	31 (10.3%)	156 (52%)	90 (30%)
Healthcare workers hurry too much when they treat me	100 (33.3%)	148 (49.3%)	30 (10%)	18 (6%)	4 (1.3%)
Healthcare workers are careful	7 (2.3%)	36 (12%)	62 (20.7%)	171 (57%)	24 (8%)
Healthcare workers ignore patients	1 (0.3%)	16 (5.3%)	58 (19.3%)	155 (51.7%)	70 (23.3%)
I have some doubts about the ability of doctors who treat me	4 (1.3%)	28 (9.3%)	21 (7%)	133 (44.3%)	114 (38%)
Healthcare workers usually spend plenty of time with me	31 (10.3%)	154 (51.3%)	50 (16.7%)	57 (19%)	8 (2.7%)
I find it hard to get an appointment for medical care I receive	10 (3.3%)	60 (20%)	112 (37.3%)	92 (30.7%)	26 (8.7%)
I am dissatisfied with some things about the medical care I receive	9 (3%)	74 (24.7%)	85 (28.3%)	113 (37.7%)	19 (6.3%)
I get complete explanations of medical information	78 (26%)	121 (40.3%)	68 (22.7%)	32 (10.7%)	1 (0.3%)

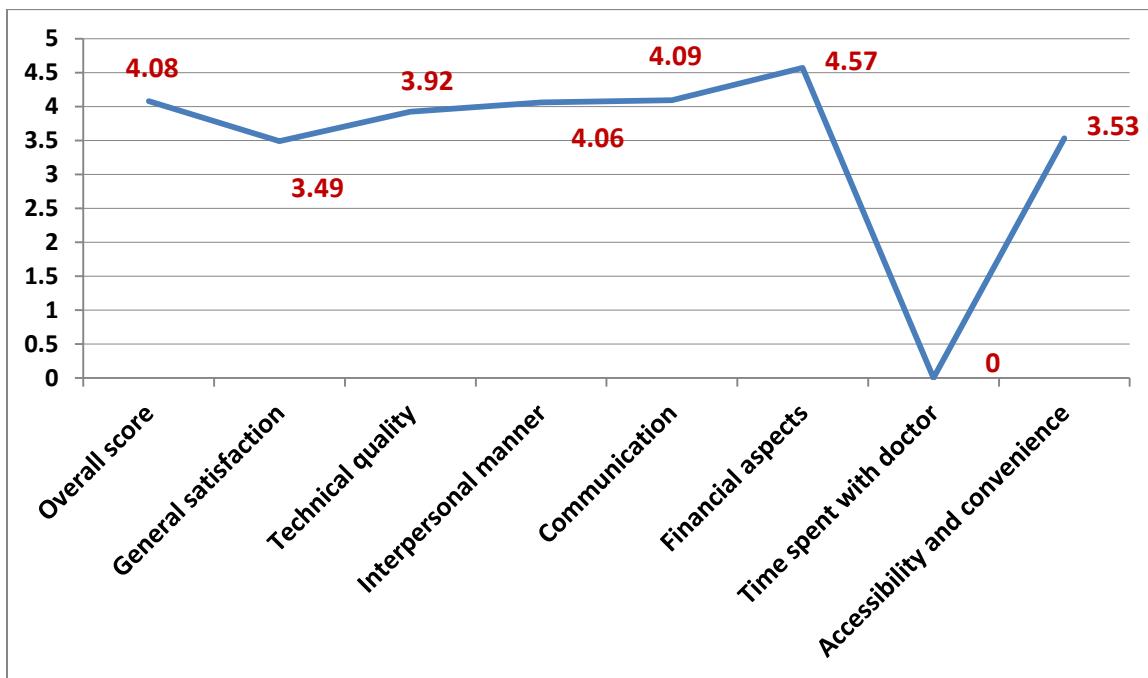
Table 4 and figure 1 presents the PSQ-18 overall and scale scores. The overall PSQ-18 mean score was (4.08 ± 0.43). The mean score for general satisfaction (3.49 ± 0.72), technical quality (3.92 ± 0.67), interpersonal manner (4.06 ± 0.77), communication (4.09 ± 0.57), financial aspects (4.57 ± 0.74), time spent with the doctor (3.52 ± 0.73), and accessibility and convenience (3.53 ± 0.66). Table 5 investigates the PSQ-18 scores in association with the demographic factors of the participants. Age was significantly associated with general satisfaction ($P=0.031$) and technical quality ($P=0.021$). Higher general satisfaction scores were recorded among younger age groups (18-29) years with mean score (3.6 ± 0.8) and (30-49) years with mean score (3.6 ± 0.8) than those ageing ≥ 50 years with mean score (3.3 ± 0.7). The highest technical quality score was recorded among participants ageing from (18-29) with a mean score (4.1 ± 0.7). Gender was significantly associated with the financial aspect ($P=0.000$), as males demonstrated a higher mean score (4.8 ± 0.6) than the females (4.5 ± 0.9). The average family monthly income was significantly associated with the financial aspect ($P=0.001$) and accessibility and convenience ($P=0.035$). The highest financial aspects mean score was recorded among those who have monthly family income <5000 SR (4.7 ± 0.7), and the highest accessibility and convenience mean score was demonstrated among those with monthly family income >10000 SR (3.8 ± 0.8). The marital status was significantly associated with the financial aspects ($P=0.006$), as the highest mean score was demonstrated among the divorced (4.9 ± 0.3) and widowed participants (4.9 ± 0.3). Employment was significantly associated with the technical quality ($P=0.007$) and financial aspects ($P=0.006$). The highest mean technical scores were demonstrated among the students (4.1 ± 0.6), employees (4 ± 0.8), and the housekeepers (4 ± 0.7). The highest mean technical aspects scores were demonstrated among the students (4.7 ± 0.7), employees (4.7 ± 0.7), and the retired participants (4.7 ± 0.7). The reason for visiting PHC was significantly associated with the technical quality ($P=0.003$) and financial aspects ($P=0.000$).

The highest technical quality mean score was demonstrated among those with other reasons (3.8 ± 0.9), while the highest financial aspect mean score was recorded among those with a new complaint (4.7 ± 0.7). Visiting PHC was significantly associated with general satisfaction ($P=0.013$), technical quality ($P=0.019$), communication ($P=0.047$), and financial aspects ($P=0.044$). The history of chronic diseases was significantly associated with general satisfaction ($P=0.014$) and technical quality ($P=0.009$). The highest mean

satisfaction and technical quality scores were demonstrated among those with no history of chronic diseases (3.6 ± 0.8) and (4 ± 0.7), respectively. The participation of the patient was significantly associated with the general satisfaction ($P=0.000$), financial aspects ($P=0.000$), and time spent with a doctor ($P=0.017$).

Table 4 PSQ-18 Overall and scale scores

Scale	Mean \pm SD
Overall score	4.08 ± 0.43
General satisfaction	3.49 ± 0.72
Technical quality	3.92 ± 0.67
Interpersonal manner	4.06 ± 0.77
Communication	4.09 ± 0.57
Financial aspects	4.57 ± 0.74
Time spent with doctor	3.52 ± 0.73
Accessibility and convenience	3.53 ± 0.66

**Figure 1** PSQ-18 Mean Overall and scale scores**Table 5** PSQ-18 scores in association with demographic factors of participants

Parameter		General satisfaction	Technical quality	Interpersonal manner	Communication	Financial aspects	Time spent with doctor	Accessibility and convenience
Age, y	18 –	3.6 ± 0.8	4.1 ± 0.7	4 ± 0.8	4.2 ± 0.6	4.7 ± 0.7	3.6 ± 0.8	3.6 ± 0.7
	30 –	3.6 ± 0.8	3.9 ± 0.7	4.1 ± 0.8	4.1 ± 0.6	4.6 ± 0.8	3.5 ± 0.8	3.6 ± 0.8
	≥ 50	3.3 ± 0.7	3.8 ± 0.7	4.1 ± 0.8	4.1 ± 0.6	4.6 ± 0.8	3.7 ± 0.7	3.5 ± 0.6
	<i>P</i> -value*	0.031	0.021	0.548	0.492	0.971	0.163	0.561
Gender	Male	3.5 ± 0.7	3.9 ± 0.7	4.1 ± 0.9	4.1 ± 0.7	4.8 ± 0.6	3.7 ± 0.7	3.6 ± 0.7
	Female	3.6 ± 0.8	4 ± 0.7	4.1 ± 0.8	4.2 ± 0.6	4.5 ± 0.9	3.5 ± 0.8	3.6 ± 0.7
	<i>P</i> -value**	0.058	0.446	0.435	0.073	0.000	0.186	0.654
Average family monthly income (SR)	< 5000	3.4 ± 0.8	4 ± 0.7	4 ± 0.9	4.1 ± 0.6	4.7 ± 0.7	3.6 ± 0.7	3.5 ± 0.7
	5000 - 10000	3.6 ± 0.8	3.9 ± 0.8	4.1 ± 0.8	4.2 ± 0.6	4.4 ± 0.8	3.5 ± 0.9	3.6 ± 0.7
	> 10000	3.7 ± 0.8	4.1 ± 0.7	4.4 ± 0.7	4.1 ± 0.7	4.7 ± 0.8	3.7 ± 0.7	3.8 ± 0.8
	<i>P</i> -value*	0.027	0.558	0.044	0.300	0.001	0.577	0.035

Marital status	Single	3.5 ± 0.7	4 ± 0.7	4.1 ± 0.8	4.1 ± 0.6	4.8 ± 0.5	3.6 ± 0.7	3.5 ± 0.7
	Married	3.5 ± 0.8	3.9 ± 0.7	4.1 ± 0.8	4.2 ± 0.6	4.5 ± 0.9	3.5 ± 0.8	3.6 ± 0.7
	Divorced	3.5 ± 0.4	3.7 ± 0.8	4.3 ± 0.5	4.2 ± 0.7	4.9 ± 0.3	3.6 ± 0.5	3.2 ± 0.4
	Widowed	3.4 ± 0.8	4 ± 0.7	4.1 ± 0.8	4.1 ± 0.5	4.9 ± 0.3	3.7 ± 0.5	3.6 ± 0.6
	P-value*	0.904	0.784	0.978	0.736	0.006	0.971	0.24
Educational level	Illiterate	3.3 ± 0.8	3.8 ± 0.7	3.9 ± 0.8	4 ± 0.6	4.4 ± 1	3.7 ± 0.7	3.4 ± 0.7
	Primary	3.6 ± 0.6	4 ± 0.6	4.3 ± 0.8	4.3 ± 0.5	4.5 ± 0.8	3.6 ± 0.8	3.6 ± 0.7
	Intermediate	3.5 ± 0.8	3.8 ± 0.7	3.8 ± 0.9	4.1 ± 0.6	4.4 ± 0.9	3.4 ± 0.8	3.8 ± 0.6
	Secondary	3.6 ± 0.8	4 ± 0.7	4.1 ± 0.8	4.2 ± 0.6	4.7 ± 0.6	3.6 ± 0.8	3.5 ± 0.7
	University	3.6 ± 0.7	4 ± 0.8	4.2 ± 0.7	4.1 ± 0.7	4.6 ± 0.8	3.5 ± 0.8	3.7 ± 0.8
	P-value*	0.388	0.293	0.132	0.331	0.188	0.633	0.157
Employment	Student	3.4 ± 0.8	4.1 ± 0.6	4 ± 0.8	4.1 ± 0.6	4.7 ± 0.7	3.6 ± 0.8	3.5 ± 0.6
	Employee	3.6 ± 0.8	4 ± 0.8	4.2 ± 0.8	4.2 ± 0.7	4.7 ± 0.7	3.6 ± 0.7	3.6 ± 0.7
	Unemployed	3.5 ± 0.8	3.6 ± 0.7	3.9 ± 0.8	4 ± 0.7	4.2 ± 1	3.5 ± 0.7	3.3 ± 0.7
	Retired	3.3 ± 0.7	3.8 ± 0.7	4.1 ± 0.9	4.1 ± 0.6	4.7 ± 0.7	3.7 ± 0.7	3.5 ± 0.6
	House keeper	3.7 ± 0.8	4 ± 0.7	4.1 ± 0.8	4.2 ± 0.5	4.5 ± 0.8	3.4 ± 0.9	3.7 ± 0.7
	P-value*	0.102	0.007	0.231	0.141	0.006	0.618	0.136
Reason for visiting PHC	New complain	3.5 ± 0.7	4 ± 0.7	4.1 ± 0.8	4.1 ± 0.6	4.7 ± 0.7	3.6 ± 0.8	3.6 ± 0.7
	Refill medication	3.4 ± 0.7	3.8 ± 0.8	4 ± 0.9	4.1 ± 0.7	4.6 ± 0.9	3.6 ± 0.7	3.6 ± 0.7
	Others	3.8 ± 0.9	4 ± 0.7	4.1 ± 0.8	4.2 ± 0.6	4.3 ± 0.8	3.4 ± 0.9	3.6 ± 0.7
	P-value*	0.003	0.078	0.849	0.762	0.000	0.882	0.777
Visiting PHC	1-3 times a month	3.6 ± 0.7	4.1 ± 0.6	4.2 ± 0.8	4.2 ± 0.6	4.7 ± 0.6	3.6 ± 0.7	3.6 ± 0.7
	4-6 times a month	3.5 ± 0.9	3.8 ± 0.8	4.1 ± 0.7	4 ± 0.6	4.4 ± 0.9	3.4 ± 0.9	3.5 ± 0.8
	> 6 times a month	3.4 ± 0.7	3.8 ± 0.8	4 ± 0.9	4.1 ± 0.6	4.5 ± 0.9	3.6 ± 0.7	3.5 ± 0.7
	P-value*	0.013	0.019	0.549	0.047	0.044	0.494	0.292
History of chronic diseases	Yes	3.4 ± 0.7	3.8 ± 0.8	4.1 ± 0.9	4.1 ± 0.6	4.6 ± 0.8	3.5 ± 0.7	3.5 ± 0.7
	No	3.6 ± 0.8	4 ± 0.7	4.1 ± 0.8	4.2 ± 0.6	4.6 ± 0.8	3.6 ± 0.8	3.6 ± 0.7
	P-value**	0.014	0.009	0.929	0.493	0.786	0.443	0.358
Participant is the patient	Yes	3.5 ± 0.7	3.9 ± 0.7	4.1 ± 0.8	4.1 ± 0.6	4.7 ± 0.7	3.6 ± 0.7	3.6 ± 0.7
	No	4 ± 0.8	4.1 ± 0.6	4.1 ± 0.8	4.3 ± 0.6	4.1 ± 0.9	3.1 ± 1	3.7 ± 0.9
	P-value**	0.000	0.368	0.784	0.144	0.000	0.017	0.180

4. DISCUSSION

Patient satisfaction is considered as a legitimate and an important measure to the quality of the provided health services. Moreover, it also results in better outcomes. This perception has prompted research to perform patient assessment surveys to elicit patients' views and opinions regarding general practice care (Alotaibi et al., 2015). In our study; 3% strongly agreed and 24.7% agreed to be dissatisfied. This figure was lesser than stated in Riyadh City, Saudi Arabia, 40% of participants were dissatisfied (Ali M & Mahmoud, 1993). This was on the line with a study reported 37.5% of participants were dissatisfied and 16% were very dissatisfied with consultation, while 15% of participants were satisfied and 4.3% were very satisfied (Tabekhan et al., 2018). Another Saudi study reported overall satisfaction level 64.2% (Al-Sakkak et al., 2008). Fomba et al., (2010) established a high level of satisfaction in community health care centers in the district of Bamako although the provided services were not acceptable (Al Yousif et al., 2014). In a study conducted in Thi-Qar, Iraq almost half of the respondents were dissatisfied with the provided services (Al-Ali et al., 2018). The gratification with the services offered by PHC centers in Majmaah, Saudi Arabia was high (81.7%) (Mohamed et al., 2015). These findings are higher than satisfaction of care of patients in London, India, Kosovo and Iraq where satisfaction with health care were 61.3%, 66%, 73.5% and 50.9% respectively (Wetmore et al., 2014; Raghunath et al., 2013; Tahiri et al., 2014; Abd Sa'adoon et al., 2008)). This was lower than findings from Kuwait (Al-azmi et al., 2006).

In our study; 3.3% strongly agreed and 17.7% agreed for waiting too long as reason for dissatisfaction. Hard appointment was reported by 23.3%. It has been reported in previous study that 38.9% of participants objected of the lack of specialty clinics; 19.4% had linguistic obstacles with the physicians; 63.9% objected about postponements at the center; 16.7% of the satisfied and 38.9% of the dissatisfied objected that the doctors did not satisfactorily clarify their diseases and medications (Ali M & Mahmoud, 1993). Saudi study in Riyadh reported poorest level of satisfaction was at the continuity of care (56.3%). The mean score of satisfaction with reception was 70.0%, communication 69.2%, and accessibility to care was 62.4% (Al-Sakkak et al., 2008). In Egypt; patient satisfaction was high for accessibility, waiting area conditions and performance of doctors and nurses. The chief grievances centered on the accessibility of recommended medications and laboratory services. Moreover, the privacy in the consultation area was designated as unacceptable by 33% of patients (Gadallah et al., 2003).

In our study; 36% strongly agreed and 51% agreed that complete and comprehensive explanation of medical information are delivered to patients. Another study showed that 78.5% of participants are satisfied that clinic staff gave clear and complete explanations of medical information (Steyl, 2020). 77% felt that the staffs were concerned and caring, 80.9% were satisfied with overall quality of care provided by the healthcare facility and more than two-thirds of the respondents were not satisfied with waiting time in the clinic room to see a healthcare professional (65.3%) (Steyl, 2020). Conceivable actions for enhancing patients' satisfaction with doctors' services comprise keeping fit of physicians in communication skills after undergraduate schooling. Post graduate preparation in communiqué skills and their emotional features incline to upsurge open argument around spirits and feelings and may also yield better physician understanding to clients' satisfaction (Al-Doghaither et al., 2001).

5. CONCLUSION

In our study; most of the attendees of the PHCs satisfied from the provided services and complete and comprehensive explanation of medical information are delivered to patients. Waiting too long and hard appointment were the main reasons for dissatisfaction.

Informed consent

Informed consent was obtained from all participants included in the study.

Ethical Consideration

The study was approved by the Research Ethics Committee of the General Directorate of the Health Affairs of the Northern Border Region of Saudi Arabia; Program of the Saudi Board of Family Medicine in the Northern Borders with Ethical approval letter number (1166153) at 12/7/1441.

Acknowledgement

The authors would like to thank Abdalla Mohamed Bakr Ali, Faculty of Medicine, Sohag University for his assistance in different steps of data management and statistical analysis.

Author Contributions

All the authors contributed evenly with regards to data collecting, analysis, drafting and proofreading the final draft.

Funding

This study has not received any external funding

Conflict of Interest

There are no conflicts of interest.

Data and materials availability

All data associated with this study are present in the paper.

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